

Farewell From Home

Client Form

Client details

Title First name Last name
Mobile Email
Address Suburb
State Postcode Client Code (office use only)

Pet details

Name Species Breed
Age Sex Desexed: Yes / No Weight Colour
I agree for Farewell From Home to proceed with the euthanasia on the pet described above ☐

Aftercare

Several aftercare options are available with a variety of crematoriums such as Lawnswood. Please select the preferred aftercare option below

- ☐ I intend to perform a home burial
- ☐ Communal cremation where the ashes are not returned to me and memorabilia are not available.
- ☐ Private cremation where the ashes are returned to me and memorabilia are available
- ☐ Private cremation where the ashes are dispersed on my behalf to me and memorabilia are available
- ☐ I am unsure and wish Farewell From Home to care for my pet for up to 48 hours

Payment \$550

Cash \$550	PayID Number 0428 666 261	Reference <input type="text"/>
Bank Transfer BSB 086-495	Acc no. 44-602-8737	Reference <input type="text"/>

Signature _____ Date _____ Witness _____

Veterinary procedures (office use only)

Date: / / Time Veterinarian Payment confirmed

Sedation:

<input type="text"/> mg/kg zolazepam and tiletamine	100mg/ml (1:1) SC/IM/IV	(<input type="text"/> ml)
<input type="text"/> mg/kg Medetomidine	1mg/ml SC/IM/IV	(<input type="text"/> ml)
<input type="text"/> mg/kg Acepromazine	10mg/ml SC/IM/IV	(<input type="text"/> ml)
<input type="text"/> mg/kg Alfaxalone	10mg/ml SC/IM/IV	(<input type="text"/> ml)
<input type="text"/> mg/kg Propofol	10mg/ml SC/IM/IV	(<input type="text"/> ml)
<input type="text"/> mg/kg <input type="text"/>	<input type="text"/> mg/ml <input type="text"/>	(<input type="text"/> ml)

Euthanasia:

<input type="text"/> mg/kg Pentobarbitone	325mg/ml	IV/IP	(<input type="text"/> ml)
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Method of confirmation of death: ☐ Heart auscultation ☐ Pulse palpation
☐ Corneal reflex ☐ Grey MM ☐ Apnoea

Additional notes:

Aftercare checklist (office use only)

<input type="checkbox"/>	Place appropriate aftercare label and complete pet aftercare journal	
<input type="checkbox"/>	Contact crematorium through their respective online portals	
<input type="checkbox"/>	Replace schedule 4s into the safe and place medicine box and lock on top of the safe	
<input type="checkbox"/>	Is a Provet or aftercare order required? Lock the safe and the room.	
<input type="checkbox"/>	Place this form in the "in" box for digital scanning and upload to the cloud	
<input type="checkbox"/>	Record drug usage including the following discards (<input type="text"/> ml)	
	(<input type="text"/> ml)	
<input type="checkbox"/>	Record timesheet and suburb in an email to Jarrod/Kiara	Time of call <input type="text"/>
		Current time <input type="text"/>
		Total time <input type="text"/> min